

National Correct Coding Initiative Reference Tools — Version 10.1

This edition incorporates all code changes instituted by the Centers for Medicare and Medicaid Services (CMS) through June 30, 2004. To ensure full and appropriate compensation when filing claims from April 1 – June 30, 2004, providers should use the codes contained in this new version. You can subscribe to any of the reference tools listed here through the National Technical Information Service, CMS's authorized distributor of the manual.

Each chapter is organized by CPT coding for medical procedures and services, except for Chapter I which covers general correct coding policies. Chapter I and the introduction to the manual are also included in each chapter service to make those services more practical to use. All chapters and the manual also include HCPCS Level II codes under the Part B Carriers' jurisdiction.

Note: *Physicians' Current Procedural Terminology* offers a complete listing of descriptive terms to all codes. To order this book, call the American Medical Association at 1-800-621-8335.

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National Correct Coding Policy Manual in Comprehensive Code Sequence for Part B Medicare Carriers (Codes 00000-99999)

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National Correct Coding Initiative Reference Tools – Version 10.1

Now you can have just the correct coding reference tool you need to ensure that your Part B claims will not be disallowed. NTIS, in cooperation with the Centers for Medicare and Medicaid Service (CMS) offers a series of practical reference tools designed to show you which codes cannot be used together in your reimbursement claims. With more than 230,000 pairs of codes (edit pairs) that cannot be used in the same claim, these references are a must for all offices involved with Part B services. NTIS offers both printed and electronic versions to fit your needs.

It is the goal of CMS to assist physicians in correctly coding their services for reimbursement. CMS has developed these coding edits using coding conventions as defined in the AMA's CPT Manual, in national and local policies and edits, and in coding guidelines developed by national medical societies.

Choose the Reference Tools that Fits Your Needs

Printed Tools

1. Manual in comprehensive code sequence
2. Chapters in comprehensive code sequence
3. Manual in component code sequence

These references are sold both as annual subscriptions issued quarterly and as individual issues.

Electronic Tools

4. Manual on CD-ROM with easy searching
5. Quick code lookup for your PC, enter either single or multiple codes
6. Enhanced PC version with code lookup, physician fee data, and online
7. The raw edit pair coding data
8. OCE/APC Software

PRINTED REFERENCE TOOLS

1. National Correct Coding Policy Manual in Comprehensive Code Sequence for Part B Medicare Carriers

Available as a quarterly subscription for \$300. Individual issues are available for \$85 plus handling fee.

Order number: SUB-9576

This manual allows you to lookup the comprehensive code for a particular procedure and see all of the component codes that cannot be reimbursed if you bill under the comprehensive code. It also shows which of the two mutually exclusive codes will be reimbursed. The full printed version of the manual includes all of these comprehensive and exclusive code pairs arranged into chapters. These chapters are organized by CPT codes for specific medical procedures and services. HCPCS Level II codes under the Part B Carriers' jurisdiction are also provided.

2. Individual Chapters of the Manual

Code lists in comprehensive code sequence

Individual chapters are also available on a quarterly subscription. Each chapter contains the same information as the complete manual except that it is limited to a specific medical procedure. Each chapter also provides all overview information to make it a self-containing document.

Each subscription is \$180. Individual issues are available for \$50 plus handling fee.

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(CPT codes 10000-19999)

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Chapter IV - Surgery: Musculoskeletal System
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Chapter XI - Medicine, Evaluation and Management Services (Includes Physical Therapy)
(CPT codes 90000-99999)
Order number: SUB-9911

3. National Correct Coding Policy Manual in Component Code Sequence for Part B Medicare Carriers

Code lists are sequenced by component code and mutually exclusive disallowed codes

Available as a quarterly subscription for \$240.
Individual issues are available for \$70 plus handling fee.
Order number: SUB-9912

This custom version of the National Correct Coding Policy Manual for Part B Medicare Carriers provides codes listed in component code sequence instead of the original manual's comprehensive code sequence. This custom version allows you to look up a component code and find all of the comprehensive codes with which it is paired in one place. The custom version also allows you to take a comprehensive code from the original manual and look it up in the custom version to see if it is used as a component code and to identify any comprehensive code with which it is paired. To locate this type of information using the original manual, you would have to search through thousands of records.

Further, in this custom version, the mutually exclusive codes are sequenced by the disallowed codes. This sequence permits you to easily find all allowed codes associated with a particular disallowed code or to easily find if an allowed code is also cited as a disallowed code.

If you need to have component codes and disallowed codes in sequence, this custom version will save your practice enormous amounts of time and will improve the accuracy of your claims.

Electronic Reference Tools

4. National Correct Coding Policy Manual for Part B Medicare Carriers on CD-ROM

The entire manual in electronic format with easy searching

Available as a quarterly subscription for \$299.
Individual issues are available for \$90 plus a handling fee.

For LAN use, a per user fee is charged.
Order number: SUB-5407

This CD-ROM contains an electronic version of the printed manual. It offers an easy-to-use search option that lets you quickly find any code. All the codes are searchable: comprehensive, component, and exclusive. Like the printed version, the CD-ROM includes all of the comprehensive and mutually exclusive code pairs arranged into chapters. These chapters are organized by CPT codes for specific medical procedures and services. HCPCS Level II codes under the Part B Carriers' jurisdiction are also provided.

Specifications: On one CD-ROM for Windows 3.1, Windows 95, Windows NT, or Macintosh System 7 or 8.
Requires 4.5 MB hard disk space. Adobe Acrobat Reader 3.0 software provided to view and search data.

5. CC+Edits® – Quick lookup on your PC for single or multiple codes

Available as a quarterly subscription: Single users, \$240 annually. Individual issues are \$60.
For LAN use, a per user fee is charged.

Order number: SUB-5411 for Windows
Distributed on CD-ROM
Produced by Idea Planners

This is the most convenient product for those who simply want to enter the codes they are using on their reimbursement claims to see if any will be disallowed. The software is easy to use and offers four lookup options:

- Multiple Code Option. Check an unlimited number of codes to see if any codes conflict (not on DOS version)
 - Find the component codes for a single comprehensive code
 - Find the comprehensive codes for a single component code
 - Check a pair of codes to see if they can be used together
- The results of all searches can either be viewed on the screen or printed out.

Multiple code option: This powerful feature lets you enter any number of codes – component, comprehensive, or mutually exclusive. You can then display or print a list of the codes that are either components of or comprehensive codes of other codes in your list. For example, let's say you

Electronic Reference Tools (Cont.)

entered twenty codes. When you press the 'Component' button, the software will take each code and see whether it is a component of any other code in your list. The final report will list all of your codes on the left side. If a code is part of a comprehensive code that is on your list, the comprehensive code will be listed on the right next to the component code. Just the opposite happens if you press the 'Comprehensive' button. As an additional feature, the CPT procedure names are given for each code in your list.

Find the component codes for a single comprehensive code, or find the comprehensive codes for a component code. These two features give you the option of entering a comprehensive code and seeing all of its component codes or the opposite, entering a component code to see all of the comprehensive codes it is listed under.

Check a pair of codes to see if they can be used together. This final option allows you to enter two codes that you want to use on the same claim. If they cannot be used at the same time, the software will alert you.

Specifications: Contains easy-to-use search and retrieval software. The program requires 8MB hard disk space, 8MB RAM, and Windows 3.1, 95, 98, NT, or XP. Distributed on CD-ROM.

6. CodeBreaker® – Physician Fee and Coding Software

*Enhanced electronic version with physician fee data
Windows database including CPT descriptions and Fee
Schedules*

Available as a quarterly subscription for \$749.
Single issues also available, price \$500. Includes a 30 day money-back guarantee.
For LAN use, a per user fee is charged.

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Produced by: Info X

CodeBreaker® software puts it all in one easy-to-use Windows based online system. Now you won't have to make tedious manual searches for the information you need. CodeBreaker is a management tool for medical coding and reimbursement that helps you become more efficient in running your medical service. It is an excellent companion to your billing and medical record system. You will become familiar with how to locate the diagnostic codes and any fourth or fifth digit requirements; locate codes for any procedure(s) you may perform; view or establish any link between diagnostic and procedural codes; attach annotation to codes; and mark codes for practice use or identification.

CodeBreaker software provides you data concerning Medicare fees, conversion factors, RVUs and UCR fees.

The 'Fees' module helps you conduct a fee schedule and capitation analysis for your practice procedures. With CodeBreaker, you will begin to think of your practice in terms of conversion factors and RVU's instead of absolute amounts. Doing so it will help you establish fees for any new procedures you have never billed before, realign any fees so that will reflect your specified operation cost, or negotiate managed care contract and reimbursements with third party payers.

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- CPT, ICD-9, HCPCS, and CDT codes, text, guidelines
- CMS's National Correct Coding rules linked to the CPT procedure description
- ICD-9 to CPT procedures crosswalk
- Global Surgical Package, Assistant-at-Surgery, and Co-Surgery data tables linked to CPT codes
- Anesthesia to Surgical CPT crosswalk, base units, National average time units

Fees

- Provides data on Medicare fees, conversion factors, RVU's, and UCR fees.
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Easy-to-use, dynamic, online search and retrieval of medical necessity compliance codes. Including LMRP coverage in fifty states, CCI edits, ABN alerts and much more.

Specifications: Requires standard browser (Internet Explorer, Netscape)

Electronic Reference Tools (Cont.)

7. National Correct Coding Policy ASCII Text Files for Part B Medicare Carriers

The raw edit pair codes as received from CMS

Available as a quarterly subscription for \$620. Individual issues are available for \$155 plus handling fee.

For LAN use, a per user fee is charged.

Order number: SUB-5408

The code pair data is provided as an ASCII text file for users who wish to load the data into their own database. This is the data as it is received by NTIS from CMS. Each record contains either the comprehensive or mutually exclusive code pairs (both current and inactive), a short statement about the reason for exclusion, the starting/ending dates for each code, as appropriate, and a single digit code for the CCI modifier indicator. A copy of the introductory chapters of the manual are provided in a text format.

Caution: This product contains raw data only. To use the data, you must load the data into a microcomputer database.

The datafile is provided on one CD-ROM.

OCE/APC Mainframe Software cartridge (3480) or tape format (6250)

Available as a quarterly subscription for \$528. Individual issues are available for \$132 plus handling fee.

For LAN use, a per user fee is charged.

Order Number: SUB 5452

Specifications: Written in IBM Assembler language. Provided on magnetic tape along with the Installation and User Manuals. Instructions are provided in the Installation and User Manuals.

OCE/APC Data Files on CD-ROM (raw data)

Available as a quarterly subscription for \$345. Individual issues \$87 plus handling fee.

For LAN use, a per user fee is charged.

Order Number: SUB 5466

This product contains data only. Customers must provide their own search and retrieval software. Files are in Microsoft Word and Excel.

For more information, visit the OCE/APC webpage at:
<http://www.ntis.gov/products/families/oceapc.asp>

8. Outpatient Code Editor with Ambulatory Payment Classification (OCE/APC) Software

The OCE/APC program edits patient data to help identify possible errors in coding, and assigns Ambulatory Payment Classification numbers based on Healthcare Common Procedure Coding System (HCPCS) codes for payment under the mandated Medicare Outpatient Prospective Payment System.

Available in three formats:

OCE/APC CD-ROM with Search

Quickly answer your billing and coding questions before submitting your claims

Available as a quarterly subscription for \$400. Individual issues are available for \$100 plus handling fee.

For LAN use, a per user fee is charged.

Order Number: SUB-5451

Specifications: Pentium PC, Windows 95 or greater, 50MB hard disk space. This software is completely self-installable. It is provided on one CD-ROM along with the Installation and User Manuals. Instructions are provided in the Installation and User Manual.